## DT Landscape

Contractors Inc. Lic# C27-808950

JOB APPLICATION FORM –Print clearly in blue or black ink. Answer all questions completely and sign.

## PERSONAL INFORMATION:

Name:		
Social Security Number: Phone Nu	umber: ()	
Street Address:		
City, State, Zip Code:		
Are you eligible to work in the United States? Yes No		
If you are under age 18, do you have an employment/age certification of the second sec	ates? Yes No	
Have you been convicted of or pleaded no contest to a felony with	hin the last five years? YesN	o
If yes, please explain:		
POSITION/AVAILABILITY:		
Position Applied For:	Desired Salary:	
Days/Hours Available: Monday Tuesday		
Wednesday Thursday	_Friday	
Saturday Sunday		
What date are you available to start work?		
EDUCATION:		
Name and Address Of School - Degree/Diploma - Graduation Da	ate	
Are you licensed to operate a motor vehicle? Yes No		

Have you ever been convicted of a legal offense? Please include driving while intoxicated or driving under the influence of drugs (Exclude minor traffic violations).

Can you speak or w	rite another language?_			
Machine skills/spec	eial qualifications/certific	cates:		
EMPLOYMENT	HISTORY:			
Present/Last Emp	loyer:			
Address:				
Supervisor:				
Phone:		Email:		
Position Title:		Wage:		
Start date:	End date:			
Responsibilities:			Reason for Leaving:	
Previous Employe	r:			
Phone:		Email:		
Position Title:		Salary:		
Responsibilities:		Reaso	n for Leaving:	
May We Contact Y	our Present Employer?	Yes No	-	
References: List th	ree people who are NOT	relatives.		
FULL NAME	HOME OR BUSINESS ADDRESS	PHONE NUMBER	BUSINESS OR OCCUPATION	YEARS ACQUAINTED

I authorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employer will be contacted to confirm statements unless otherwise indicated.

APPLICATIONS WILL NOT BE CONSIDERED UNLESS SIGNED & DATED; AND ALL QUESTIONS ARE ANSWERED.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_